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Facsimile Transmittal

DATE: February 10, 2005
TO: USPTO
ATTN: EXAMINER MD S. ELAHEE
RE: Serial No. 09/924,310
FAX : 703-872-9306
FROM: Kyong H. Macek, Reg. No. 42,977

Number of Pages Sent: 11 (including this transmittal cover sheet)

ATTACHED HERETO IS AN AMENDMENT IN (9) PAGES; AND ONE
(1) PAGE TRANSMITTAL. PLEASE CALL ME IF YOU HAVE ANY
QUESTIONS.

I hereby certify that this correspondence is being sent VIA FACSIMILE to the Commissioner of Patents at fax number
(703) 872-9306. Attention Office of Amendments, on:

February 10, 2005(Date of Deposit)

Appn Andrews

(Name of the Person Making the Deposit)

(Signature)

PTO/SB/21

U.S. Department of Commerce
Patent and Trademark Office
PATENT

AMENDMENT TRANSMITTAL FORM

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450Customer No.: 23696
Attorney Docket No.: 000004
In Re Application of: Han et al.
Serial Number: 09/924,310
Filed: August 6, 2001
Examiner: MD S. Elahee
Group Art Unit: 2645RECEIVED
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Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	25	35		x \$50 =	\$
Independent**	3	3		x \$200 =	\$
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input type="checkbox"/> No				\$360	\$
EXTENSION FEES <input type="checkbox"/> One Month <input type="checkbox"/> Two Months <input checked="" type="checkbox"/> Three Months				\$120	\$
				\$450	\$
				\$1020	\$1020
TERMINAL DISCLAIMER				\$130	\$
				TOTAL FEE	\$1020

*If the number in column a is less than 20, enter 0 in column c.

**If the number in column a is less than 3, enter 0 in column c.

4. ☐ Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
5. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$1020.
The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: February 10, 2005

Signature: Kyong H. Macsek, Reg. No. 42,977
Phone No. 858651-5797QUALCOMM Incorporated
Attn: Patent Department
5775 Morehouse Drive
San Diego, California 92121-1714
Telephone: (858) 658-5787
Facsimile: (858) 658-2502

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

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- ☐ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Depositor's Name: _____
(type or print name)

Date: February 10, 2005

FACSIMILE

- ☒ transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: Ann Andrews
(type or print name)Signature: 

(TRANSAMD.VER1.13-04/30/04)